

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Wooton	Jennifer	M.L. Chock	847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice St.			841-8968
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bishop Museum			847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice St.			841-8968
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Chinaka			848-4161
MAILING ADDRESS (Street)			FAX
1525 Bernice St.			841-8968
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

☒ Education

Human Services

☒ Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

☒ Culture, Arts, Historic
Preservation

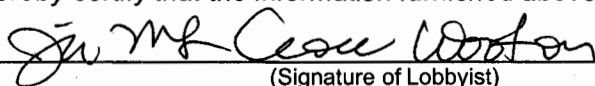
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____☒ Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

9/22/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MICHAEL CHINAKA

VICE PRESIDENT, TREASURER, & CHIEF FINANCIAL
OFFICER

NAME OF ORGANIZATION (if applicable)

TELEPHONE

BISHOP MUSEUM

808-848-4161

MAILING ADDRESS (Street)

FAX

1525 BERNICE STREET

808-841-8168

(City)

(State)

(Zip Code)

HONOLULU

HI

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

9/22/05

(Date)